



MOTOR VEHICLE JUSTIFICATION FORM

PLEASE COMPLETE THE FOLLOWING:

Department Name: _____

Date (DD/MM/YY): _____

Contact Name and Phone Number: _____

Request For: Additional Vehicle Replacement

Funding Approved: Yes No

Source of Funding: Operating/Ancillary Fund Grant Funds

Request For: Purchase Lease (If Lease specify term: _____)

FOAPAL from which vehicle will be purchased / leased.

FOAPAL from which insurance, maintenance and operation will be charged

Type of Vehicle Requested:

Purpose for which vehicle is required:

Where will vehicle be housed?

Appropriate Departmental Authorization based on FOAPAL is Mandatory:

Name: _____

Signature: _____

Date: _____

Appropriate Vice President (Administration and Finance) Authorization:

Name: _____

Signature: _____

Date: _____

Please ensure signed form is returned via email to: fm_vehicles@mun.ca